

University or college used as example

Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(*) = Required fields
In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail

Policyholder Basic Information

Insured (Victim) Information	(*) Insurance Policy Number (Filled out by the claims handler)		Student ID No.		Class and Department	
			1314888		Class B, Second Year, Department of Insurance	
(*) Name	(*) Name		(*) National ID No.		(*) Date of Birth	
	Kibo		A 0 0 0 0 0 0 0 0 0 0		July 7, 2016	
(*) Residential Address 235 No. XX, XX Rd., Daan Dist., Taipei City, Taiwan						
(*) Telephone		Mobile Phone	0900000000		E-mail	
(*) Applying for		<input checked="" type="checkbox"/> Non-accidental event (illness) (1) <input type="checkbox"/> Accidental event (injury) (2)		(*) Application Date		October 1, 2020
(*) Cause of Event		Gastroenteritis		(*) Event Date		September 1, 2020
Application for special subsidies (Not required if unavailable) <input type="checkbox"/> Application for special subsidies for major surgery benefit by students in senior high school and below and children in kindergarten who meet the criteria for subsidies in Article 11 of the insurance policy (certification document required)						
(*) Type of Claims <input checked="" type="checkbox"/> Death (A) <input type="checkbox"/> Disability (B) <input type="checkbox"/> Critical illness benefits - applicable only to universities and colleges (C) <input checked="" type="checkbox"/> Medical expenses (E) <input type="checkbox"/> Cancer (G) <input type="checkbox"/> Support subsidies (N) Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.						

(*) Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input checked="" type="checkbox"/> Remit to beneficiary's bank account		<input type="checkbox"/> Remit to beneficiary's bank account	
	(Please provide a photocopy of the passbook and fill out the fields below to specify the remittance method)			
	Account Name	Kibo	National ID No.	A 0 0 0 0 0 0 0 0 0 0
	Financial Institution (Branch)	Cathay Life Insurance Songshan	Branch Number and Code	0130372
		Account Number	0130000000	
<input type="checkbox"/> Check that may not be negotiated by special endorsement <input type="checkbox"/> Check that may be negotiated by special endorsement <input type="checkbox"/> Cash				
National ID No. of the Beneficiary		(Only beneficiaries collecting payment personally over the counter, beneficiaries under 7 years old, or foreign nationals may select "check that may be negotiated by special endorsement" or "cash" as the payment method)		

Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)
The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will.

Relationship between the beneficiary and the insured: Same person Parent Grandparent Other
(*) Undersigned (the insured)/beneficiary signature: **Kibo**
(*) Legal representative (guardian) signature: **Kibo**
(When the insured is deceased, the above signature of the beneficiary only represents the beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.)

1. For the student group insurance for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2020 academic year, where the beneficiary is deceased, the beneficiary of the death benefit shall be the inheritor; the beneficiary of other insurance benefits shall be the student. If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative (documents certifying the relationship are required). After Cathay Life Insurance receives the remittance to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.
2. For student group insurance for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before, the beneficiary shall be the legal representative of the insured or the insured.

3. For medical reimbursement, disability, or support subsidies, the beneficiary is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (for special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information and services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in providing services. You can visit the Company's service centers or use the Company's service hotline (please dial the toll-free customer service hotline 0800036599 on landline telephone service (path: Cathay Life official website homepage > Contact Us > (Service Line) Customer Service Hotline > Online Telephone) to inquire, request, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the legal requirements necessary for conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.

4. The same payment method must be selected for applications for the death benefit by multiple beneficiaries. Fill out Appendix (1) if there are more than two beneficiaries.
5. If the remittance cannot be completed because the remittance account is erroneous, changed, or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement.
6. According to the terms and conditions of the insurance policy, when the beneficiary applies for insurance benefits, the Company may request the insured or the beneficiary to provide the consent for access to medical records and all expenses of the examination shall be borne by the Company.
7. Please refer to the following page for the application documents required for claim payments. However, the payment items shall be determined based on the terms and conditions of the insurance policy.
8. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the delay interest for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with the supplementary insurance premium rate in the regulations. However, the supplementary insurance premium may be exempted for the two following categories of individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents from the social welfare authority. (2) Individuals who are not eligible for enrollment or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate for non-Taiwanese nationals with canceled household registration.
9. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authoritative medical records and other related documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities.
10. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and the beneficiary has no objection in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.

Where the beneficiary is deceased, the beneficiary shall be the inheritor; the beneficiary of other insurance benefits shall be the student.

Official seal of the school / student insurance seal required

(*) Insured School Certification Field	
Insured School	Taitai University
School Code	XXXXXX
School Address	No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei City, Taiwan
Telephone	02-27551399
Principal (President) or Deputy	XXXXX
Handling Personnel	XXXXX
	Job seal / Signature or seal
We hereby verify that the insured specified in this application form is a student of the school and is enrolled in student group insurance.	



(*) Basic information of the case officer (case officer)	
Name of the case officer	Department code
Contact Number	Landline: () Mobile phone:

Not required for the policyholder

